American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
New Jersey Chapter

Early Childhood HEALTH LINK

Healthy Child Care New Jersey

Uniting Children, Parents, Caregivers and Health Professionals
New Jersey Edition • Volume 4: Issue 3 Winter 2006

Health and Safety Calendar

DECEMBER

National Handwashing Awareness Week • December 4th – 10th

We all know that handwashing is the single best way to reduce the spread of germs that can cause disease. Check out the following website for steps, strategies, downloadable posters, etc. **www.kdhe.state.ks.us/wash_em/education.html** Another site that has more facts and fun ideas to celebrate the week or for everyday is **www.cleanhandscoalition.org.**

Safe Toys and Gifts Month

Check the following site for product recalls before checking off that toy on your holiday shopping list! **www.cpsc.gov/cpscpub/prerel/prerel. html**

JANUARY

National Birth Defects Prevention Month

For pregnant women or those thinking about getting pregnant, the following sites are a must for preventive strategies towards healthier babies, good information and resources in English and Spanish. **www.marchofdimes.com** and **www.folicacidinfo.org**

Oatmeal Month

In January we eat more oatmeal than in any other month. Enjoy these sites for facts and recipes for oatmeal and many other foods. **www.quakeroatmeal.com** and **www.hungrymonster.com/Foodfacts/Food_Facts.cfm**

FEBRUARY

Heart Health Month

Not for adults only, this site is the source for healthy lifestyle information for children and adults, in English and Spanish. Look for recipes, events, resources, and more. **www.americanheart.org/**

National Children's Dental Health Month

Not just for February, these sites will help you help children understand the importance of good dental health. **www.ada.org/public/education/teachers/ideas.asp#ada** and **www.msflossy.com/ncdhm.html**

FEVER

Elaine Donoghue, MD, FAAP,
Division Chief, General Pediatrics,
Jersey Shore University Medical Center

The winter season is upon us and many children ***"got the fever"***. How can we avoid "fever phobia" and better survive this difficult time of colds and flu? It is important to remember that fever is a symptom and not a disease. Fever is an elevation of body temperature and is not necessarily harmful. Fever is usually caused by the body's immune system releasing substances that reset our internal thermostat and cause the body temperature to rise. Occasionally fever can be caused by overexertion in hot weather or over bundling in cold weather. There is some scientific evidence that suggests that our immune system operates more efficiently at higher temperatures, so fever is not always a bad thing.

Caring For Our Children (CFOC)—Standard 3.065, p.126—states that oral temperatures above 101°F, rectal temperatures above 102°F or axillary (armpit) temperatures above 100°F are usually considered to be above normal in children. A temperature above 100.4 in an infant who is less than three months should be evaluated immediately because of potential complications in this young age group. CFOC suggests that this be extended to babies less than four months.

There are different methods and devices for taking temperatures. Devices include digital thermometers, tympanic (ear) thermometers, and mercury thermometers. Digital thermometers are generally easy to use and frequently come with disposable plastic sleeves that make them easier to keep clean. Most models will have a blink or a beep when the temperature reading is final. Tympanic thermometers can also be easy to use but are inaccurate in younger infants. Make sure that any electronic thermometers are charged. Mercury thermometers are being phased out because of the potential of mercury toxicity if the thermometer breaks. Please note that plastic strip and pacifier thermometers are not accurate and should not be used at all.

Methods for taking temperatures include rectal, oral, tympanic and axillary temperatures.

- **Rectal temperatures are the most accurate in infants less than three months of age. You can lubricate the tip of the thermometer with petroleum jelly, lay the baby on a flat surface or across your lap, and insert the tip of the thermometer an inch into the rectum.**
- **Oral temperatures can usually be taken in children four years and older although it can be tough to hold a thermometer under the tongue with your mouth closed when you are coughing or have a stuffy nose. Make sure that the child hasn't had anything to eat or drink prior to taking an oral temperature. The tip of the thermometer should be placed under the tongue with the mouth closed. Warn the children not to bite down on the thermometer and make sure that they don't have candy in their mouth.**

Continued on page 2

- **Tympanic or ear temperatures are taken by placing the probe in the child's ear canal. Gently pull up and back on the child's ear when placing the probe in the ear canal.**
- **For axillary temperatures, make sure the thermometer is touching the skin and the tip is within the armpit. The child's arm can be held across the chest to secure the thermometer.**

OK, now that you have taken the temperature, what should you do if it is above normal? CFOC Standard 3.065 states that a child should be sent home as soon as possible if they have fever accompanied by behavior changes or other signs or symptoms of illness until medical professional evaluation finds the child able to be included at the facility. Unfortunately, children develop fevers while attending child care and may need to be treated to make them more comfortable until their parent or caretaker picks them up. Fever can be treated with medications and/or physical methods such as sponge bathing.

The most common medications to treat fever are acetaminophen (Tylenol) and ibuprofen (Motrin). Ibuprofen should not be used in infants less than six months of age. Aspirin should never be used in children except in special circumstances when prescribed by a doctor. Fever medications come in many forms and concentrations including infant drops, liquids, chewable tablets and as part of a combination product. This can be very confusing and it is very important to review the instructions and dosing carefully. Use an accurate measuring device. Check labels and expiration dates. Wash hands before and after giving medicines. Write down the time and amount of the dose given on the child's medication administration record.

Best practice indicates that health care providers should provide written instructions about the specific medication and dose based on the child's weight. Since young children's weight changes frequently, it is important to keep this information updated. At least three studies have shown that approximately half of parents gave their child an incorrect dose of fever medication prior to seeking medical care. So it is important to have a system in place to make sure children's health records are up-to-date before a child has a fever while in your care.

The Medication Administration course can be helpful in teaching or reviewing these principles. Check with your local or county Child Care Health Consultant to schedule a training. Because dosing and timing can be confusing, never agree to alternate acetaminophen and ibuprofen doses. Know that fever medication generally brings the temperature down by several degrees but may not bring it down to a normal level. Fever medications generally start working within a half hour. Acetaminophen lasts 4-6 hours and ibuprofen 6-8 hours. Children can also be made more comfortable by removing extra layers of clothing and hats. You can wipe their face and arms with a clean, damp cloth. Do not use ice or cold water to sponge bathe, and never use alcohol. Drinking cool water or liquids can also decrease the child's temperature, but do not force a child to drink if they do not want to.

Some young children are prone to having seizures when they have a fever. These are called febrile seizures and although they can be very frightening, they generally do not cause any damage to the child. Febrile seizures tend to run in families and are usually outgrown by school age. If a child with fever begins to have a convulsion, just lay them on the floor on their side. Do not attempt to place anything in their mouth. Call 911 if the seizure lasts longer than a few minutes and of course, always call the child's parent.

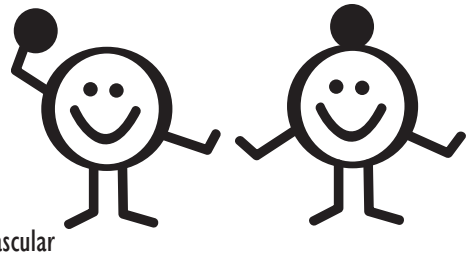
Children who have had febrile seizures in the past usually need to get fever medication promptly when they have fever. They may also have emergency medications to be given under special circumstances. The details should be included in a Special Care Plan which should be completed by the child's doctor and discussed when the child enrolls or when they return after their illness.

When can children with fever return to child care? They can return when they are fever-free and able to participate comfortably in activities. Most children who had fever will not require an antibiotic or other medication because viruses cause most fevers in children and most viral infections go away on their own.

It's hard to see our children with flushed cheeks and sad expressions on their faces, but with thoughtful planning, we can take care of them quickly and make them more comfortable. Do not get "fever phobia"; get prepared!

PLAY Activity Card

Bean Bag Balance



BENEFITS

Physical: Cardiovascular
Cognitive: Sets and subsets (mathematical thinking)
Social/Emotional: Friendship and inclusion
Age: Older Pre-K
Space: Outdoors or indoors
Materials: Bean bags

- **Each child moves around at his/her own pace balancing a bean bag on their head.**
- **The teacher tells them to skip, hop, go backwards, go slower, faster, etc.**
- **If the bean bag falls off a child's head, he/she is frozen.**
- **Another child must pick up the bean bag and place it back on the frozen player's head to free her/him.**
- **The object of the game is to help your friends by keeping everyone unfrozen.**
- **Four and five year olds may need to hold onto their own bean bags while helping the frozen player.**

AGENCY HIGHLIGHT:
The Pediatric/Adult Asthma Coalition of New Jersey (PACNJ)

Q. What is the mission statement of PACNJ?
A. PACNJ is working with schools, child care providers, physicians, nurses, health insurers, community groups and environmental agencies to reach all individuals in New Jersey with the most effective methods for managing their asthma.

Q. How long has PACNJ been in existence?
A. The first meeting was in January 2000, so it has been in existence for five years.

Q. Who is involved with PACNJ?
A. There are 150 members of the coalition who serve on six task forces. They include school personnel, health care providers, child care health consultants, and representatives from different community groups, environmental agencies, and government agencies. Activities are coordinated by a steering committee that includes the co-chairs of each task force.

Q. What are the major issues in which PACNJ is involved?
A. PACNJ works to promote the concept of asthma management as a partnership of care between school or child care setting, health care provider and family. The asthma guidelines developed by the National Heart, Lung and Blood Institute are a key reference for this goal. A sound understanding of asthma symptoms, asthma medications, and asthma triggers is essential to good asthma management. An Asthma Action Plan is a tool for the health care provider to outline an asthma management program for the child with asthma, the family, the school or child care setting. Asthma education programs for classroom teachers and school nurses and asthma education tools for health care providers to use with their patients, and for health insurance companies to inform their members are among the programs and services provided by PACNJ.

Q. Who is the leader and contact person for PACNJ?
A. The co-chairs of the Pediatric/Adult Asthma Coalition of NJ are Arthur J. Torre, MD and Clatie Campbell, RRT. Teresa Lampmann is the contact person, Coordinating Manager. **Phone: 908-687-9340 • Fax: 908-851-2625**.

Q. What is the web site?
A. There is a wealth of information on the web site, **www.pacnj.org**, with links to all six task forces, New Jersey state laws, tools for schools, school nurses, physicians and consumers.

Q. How does PACNJ work to support the child care and school age community?
A. Education of child care providers and teachers is a primary role. A Resource Kit has been developed that includes a video, a poster on how to respond to an Asthma Emergency, an Asthma Action Plan for children, and guidelines for communication with parents. Each of New Jersey's 21 counties has a child care health consultant coordinator who has received a kit for training child care provider staff. The goal is to control asthma symptoms and reduce absenteeism in the child care and school communities.

Protecting Young Children from Influenza

Suzanne E. Miro, NJDHSS,
Communicable Disease Services

There is no time like the present to safeguard children's health against influenza (flu). This is especially true if children have chronic medical conditions, because these children are at high risk for life-threatening complications or hospitalization if they get influenza. *Medical conditions that pose a threat when combined with influenza include:*

- **Asthma or other chronic lung conditions**
- **Heart conditions**
- **Diabetes**
- **Kidney disease**
- **Immune suppression caused by HIV or medications**

Children and adolescents (6 months – 18 years of age) on long-term aspirin therapy also need immunization, because if they get influenza they may be at risk for Reye's syndrome, a life-threatening disease.

According to the American Academy of Pediatrics and the Centers for Disease Control and Prevention, even healthy children 6-23 months of age are at an increased risk for influenza-related hospitalization and should receive immunization. Influenza vaccine is particularly important for children attending child care and pre-school as contagious diseases spread easily in these settings.

Since influenza is highly contagious, healthy children should be immunized to prevent spreading influenza to others at risk including siblings, grandparents, and child care workers.

Many people mistakenly think that the influenza vaccine can give someone a case of the flu. This is not true. The injectable vaccine cannot cause influenza because it is made from virus that has been killed. Children need an influenza immunization every year, since each year's vaccination will last only for that season. For children with the health conditions mentioned above, the best time to be vaccinated is in October. However, vaccination can be given as late as March. A health care provider can help parents determine the best time for vaccinating children.

Protecting children from influenza is simple and will help make the upcoming winter a time of fun – not flu!

For additional information about immunizations for children in child care and for child care providers, please review Standards 3.005 and 3.007 in Caring for Our Children: National Health and Safety Performance Standards—Guidelines for Out-of-Home Child Care Programs, 2nd Edition.

Get Healthy with Good Nutrition

By Kathy Stansfield, RD, Nutrition Consultant

Winter time is here; a time full of holidays, celebrations, beautiful snowy mornings, and fun-filled days of sledding and snowmen. On the downside, it is also cold and flu season. The best prevention for winter illness is frequent hand washing, adequate rest, exercise, and good nutrition. The immune system keeps us healthy by fighting back against germs that cause illness. The immune system depends on many nutrients (vitamins, minerals, and protein) to function properly. Therefore, healthy food choices are important throughout the entire year!

Fruits and vegetables contain vitamins, minerals, and fiber. Be sure to get at least five servings each day. Some of the best choices of winter fruit and veggies are oranges, grapefruit, apples, broccoli, spinach, kale, collard greens, carrots, sweet potatoes, and winter squash. Whole grains are a source of fiber, B vitamins, and iron. Choose 100% whole wheat bread, brown rice, whole grain cereals, oatmeal, and whole grain crackers to get the most nutrients. Lean proteins and low fat dairy or low fat soy products will provide the additional nutrients that the body needs for adequate nutrition. Limit intake of sweets and fats which can be abundant especially during the holidays.

If your child does get sick, it will affect how he or she eats. It is normal for appetites to decrease when a person is not feeling well. Colds and congestion greatly affect the sense of taste and smell so even favorite foods may not be appealing. Remember to provide plenty of fluids. Water and diluted juices are good choices. Children tend to like soothing foods when they are sick such as toast, crackers, soup, applesauce, and jello. If a child has a sore throat, warm foods or beverages can feel good; try warm apple juice or cider (pasteurized), hot cocoa, or soup. Warm foods also can thin mucous and clear congestion. It is true that chicken soup is a good home remedy! Some children may prefer cold foods when their throat is sore such as popsicles, milkshakes, or smoothies. With time and some TLC, your child's appetite will return as he or she starts feeling better.

Stay healthy this winter; protect yourself and your child with healthy food choices!

Homemade Chicken Noodle Soup

(adapted from www.recipesource.com)

6 cups water
16oz low sodium chicken broth
5lbs cut up chicken with bones and skinned
1/3 cup chopped onion
1 bay leaf
2 small zucchini chopped
1 cup chopped carrots
1 cup chopped celery
1 1/2 cups uncooked noodles

In a large kettle combine water, chicken, onion and bay leaf and add pepper to taste. Bring to a boil, reduce heat. Cover and simmer for about 1/2 hour. Remove chicken. Skim off fat, add broth. When chicken is cool, cut meat off bones and cube. Discard bones. Remove bay leaf from broth. Add zucchini, carrots, and celery to broth. Bring to a boil for about 10 minutes. Stir in noodles and chicken and reduce heat. Cover. Simmer until the noodles are tender and mixture is cooked through. Enjoy!

If you are in a hurry, you can substitute canned chicken broth for the homemade chicken broth. You can also use frozen vegetables rather than fresh. Add in other vegetables such as corn and green beans if your child likes those better. Also try using alphabet shaped noodles for more fun!

Parents' Rights & Responsibilities

Adapted from Healthy Kids, Healthy Care, a resource from the National Resource Center for Health and Safety in Child Care and Early Education.

Rights and Responsibilities of Parents with Children in Child Care

Parents have the right to expect that caregivers:

- Provide safe and healthy care in the child care setting.
- Provide activities that promote all aspects of children's development.
- Promote the health of all children including those with special health care needs by careful planning and monitoring. Health education and healthy habit development are corner stones of every caregiver's daily program.
- Model healthy and safe behavior so that children can practice good habits both at their child care program and at home.
- Customize care and activities to meet the needs of every individual child to the extent possible.
- Recognize the importance of the parent/child relationship, and honor the parent's role as primary decision maker.
- Help families access community services if they are needed.
- Respond promptly to problems noticed and reported by parents (such as: broken equipment, inadequate child to staff ratios, TV used as primary activity).
- Maintain the confidentiality of written and verbal information, including health records, about the child, family and caregivers.
- Know they have a mandated legal responsibility to report suspected child abuse.
- Give parents regular feedback about the problems and successes specific to each child.
- Are clear about their policies and expectations. They provide written policies (may take the form of a contract) at the time of enrollment and in the event that the program's policies or procedures change.
- Pre-plan for emergencies through training (CPR, first aid), practice with children (fire drills, etc.), up to date records and storage of extra supplies, and lastly that
- Programs include all families who can agree to the program's schedule, tuition fees and other policies. Diverse races, cultures, languages, family composition (single mom, custodial grandparent, etc.), special needs and other unique child, and family characteristics are welcomed and encouraged.

Along with rights, parents with children in child care also have responsibilities to:

- Model healthy and safe behavior so that children can practice good habits both at home and at their child care program (such as: Eating healthy foods, buckling up in the car; positive discipline).
- Share with the caregiver health information that is critical for the caregiver to know in order to provide care for their child.
- Understand that relationships between parents and care givers impact the care of their children – if they notice a problem, they approach their caregiver with ideas for potential solutions and resources.
- Be considerate of the health of others in the child care program. Back-up care plans are developed ahead of time in case their child gets sick.
- Honor their caregiver's personal time – they always pick up their children on time and call when they are legitimately delayed.
- Share new health and safety information with their caregivers (such as: recalls on children's products, research on growth and development, ideas for fun activities, etc.)
- Honor their financial obligations to the caregiver on time. Caregivers must pay their bills on time in order for the program to operate efficiently.

Explain and Stay Near

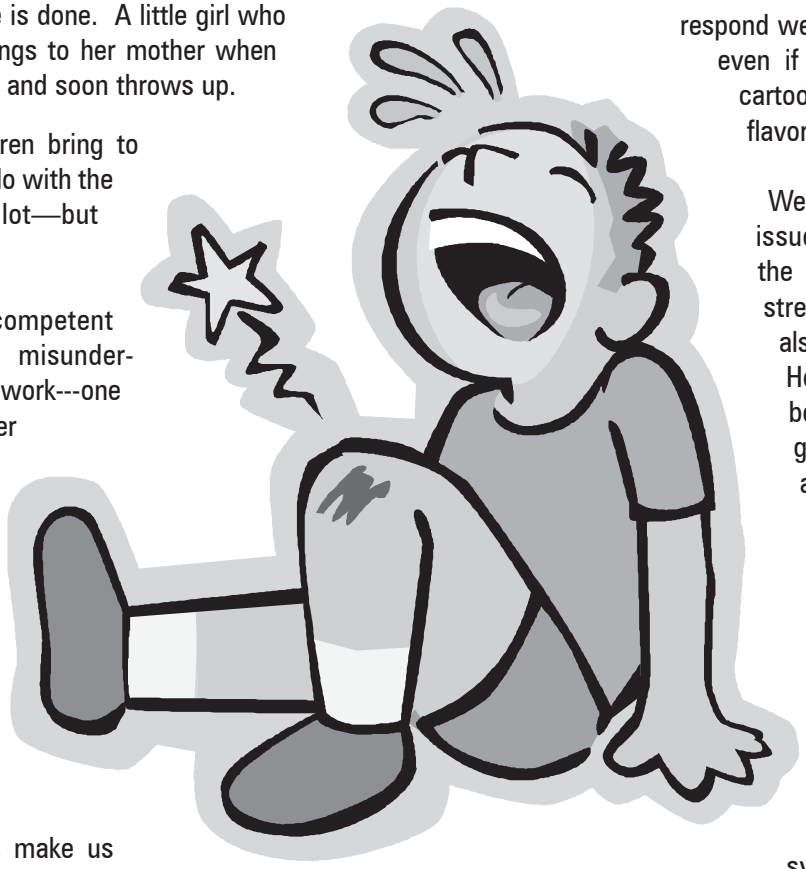
Dealing with Psychological Issues for Sick or Injured Children

Jean Mercer, Ph D, President, NJ Association for Infant Mental Health & Professor of Psychology, Richard Stockton College

When they are feeling fine, toddlers and preschoolers can be brash, bold, and full of themselves. But a skinned knee, a fever, or a tummy-ache can change the lively, confident little one to a bundle of anxiety and distress, showing a set of feelings that seem much worse than the physical problem alone would indicate. The child's emotional response to injury or illness needs to be addressed because, in addition to making children miserable, these reactions can complicate out-of-home care.

Some examples: An older toddler fights hard against the experience of a nebulizer treatment for asthma but tolerates the experience well when he is given a little television set to watch while the procedure is done. A little girl who is normally very outgoing clings to her mother when entering her child care center and soon throws up.

Some of the problems children bring to child care situations have to do with the fact that they hear a lot—but understand very little.



Even bright and competent preschoolers have serious misunderstandings about how bodies work---one group at a child care center were fascinated by their friend who had broken his leg, and it turned out that they believed the leg was broken off, as might happen to a doll. When they saw his foot at the bottom of a cast, they could not believe it was connected to the rest of his leg. Sometimes children's great vocabularies make us think they understand more than they do, and in care situations we need to be sure to explain what is happening in their terms, not in ours.

However we explain matters, it is most essential that we do explain. Sometimes adults approach young children with the idea that they can just move in and do what is needed by force and surprise, and that the child will then quickly get over what has happened. In fact, time spent in explanation results in a more pleasant experience for everyone and lessens the chance that on another occasion the child will be sensitized and fight desperately against treatment. It can be an educational opportunity for that child and others in the group.

Of course, some emotional reactions are just that—emotional—and they cannot easily be adjusted by explanation or information. The toddler and preschool period is one when children are preoccupied with their own autonomy and independence. Being treated for illness or injury involves experiences of vulnerability and dependence, just the opposite of what the child's normal emotional development requires. It may not be possible to do much about this, but young children usually respond well to being given some choices, even if these are only which kind of cartoon bandage to use or what the flavor of the medicine should be.

We often think about attachment issues as belonging primarily to the infant stage, but when under stress toddlers and preschoolers also show attachment concerns. However easygoing children may be when well, illness or injury greatly increases their anxiety about separation from people they are attached to. This was the case for the little girl mentioned above, who clung, then vomited. She felt ill and responded to this by wanting to stay close to her mother.

Unusual concerns about separation can be the first symptom of an approaching illness. They also are indications of children's needs that should be met in order to keep them comfortable while sick or hurt. When nothing else can be done to help a child who is in physical distress, adults should remember that they help simply by staying near. They may feel this is doing nothing, but in fact it is doing a great deal to comfort the child whose condition brings up attachment needs that are not nearly as obvious in times of health and happiness.

Question: In the Fall 2005 Health Link, the Medication Administration Tips column warns against using kitchen teaspoons to administer medications. We have had a problem with parents remembering to bring in proper medication measuring devices. What are your recommendations?

Answer: Good question! Unfortunately all teaspoons are not created equal, and the differences between household spoons could mean a major overdose, especially when it comes to young children.

Only designated medication measuring dispensers should be used, and be sure to pick one that has the right measurement markings for the amount of medication ordered. For example, if the medication order states to give 1½ teaspoons you do not want to guesstimate and measure somewhere between the 1 and 2 teaspoon markings. Instead, find a measuring device that has a clear 1½ teaspoon marking. Also, make sure the medication dispensing device uses the same calibrations as the medication order, such as mls, ccs, or teaspoons. (Helpful hint: 1 teaspoon = 5ccs = 5mls. However math conversion errors could lead to an overdose, so measuring devices with the same markings as the medication order are the safest.) Even when using the correct device, dosing errors can still occur if the medication is not measured in a room with good lighting, at eye level, and with care to make sure all air bubbles are removed.

Question: So what should a child care provider do if a parent does not supply a proper medication measuring device?

Answer: There are several options, but most importantly parents should be informed that medications will not be administered without a proper measuring device. This should ideally be communicated in a written policy, as well as contacting parents immediately when it is discovered that a proper measuring device is not available. However, simply not giving the medicine (such as a medicine used to prevent seizures) and waiting for the parent to come and administer the medicine at the end of the day could also be dangerous. Parents should be encouraged to ask the pharmacist to split the medication between two bottles and for extra medication dispensers so that they will have a supply to keep at child care. Many child care providers also keep extra medication devices on hand for such occasions. These can be obtained at your local pharmacy for free or low cost. There are a wide variety of medication devices to choose from ranging from medicine cups, to droppers and syringes to medication dispensing pacifiers.

Question: Can the same medication dosing device or medication dispenser be used for more than one child?

Answer: Ideally each child should have their own medication dispenser, but children can share medication dispensers provided they are washed and sanitized between uses. Even when only used by the same child, medication dispensers should be washed after each use, and especially between two different medicines.

Question: I've heard that many cough and cold products contain multiple drugs and may have Tylenol hidden in it. Is this true?

Answer: Yes, there are many combination drugs on the market. It is important to read the medication label and ingredients carefully. Tylenol is also known as acetaminophen. Giving a cold medicine containing acetaminophen plus administering Tylenol could be deadly. This is one reason why Caring For Our Children recommends obtaining written medication orders from the child's health care provider for over-the-counter medications as well prescription medicines. Just because a medicine is available without a prescription does not mean it is without risk, and it is extremely important to follow the directions on the label.

For additional questions about medications contact your child care health consultant, the child's medical provider, or your local pharmacist.

CHILD CARE ASTHMA TRAINING

In fall 2004 over 100 child care providers, from Burlington, Camden and Mercer Counties, participated in pilot trainings to test a new child care asthma training entitled, *"Steps to Controlling Asthma in a Child Care Setting"*. This project was funded by a grant from the Aetna Foundation and produced in cooperation with the Pediatric/Adult Asthma Coalition of New Jersey (PACNJ), sponsored by the American Lung Association of New Jersey, and Healthy Child Care NJ. Each participant received a bilingual asthma resource tool kit that included useful handouts in English and Spanish and a videotape, also in English and Spanish, which reinforce the training once providers return to their child care programs.

Evaluation of pre and post tests following the pilot trainings, revealed that overall, this sample of child care providers demonstrated increased knowledge about asthma and its management. Respondents also expressed confidence to provide care to children with asthma as a result of receiving the asthma education program.

Since the pilot programs, eighty child care health consultants, consultant coordinators, Abbott consultants and other health care professionals have completed a train-the-trainer program. If you are interested in attending an asthma training, please contact your local county child care resource and referral agency for a list of upcoming trainings in your area. Also, visit **www.pacnj.org** for links to other helpful asthma resources and printable versions of some of the handouts from the tool kit, including English and Spanish asthma action plans, a poster for managing an asthma episode, parent/child care provider communication tools, and a checklist to help make your child care program more asthma-friendly.

For more information about PAC-NJ see "Agency Highlight" on page 3.

American Academy of Pediatrics
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This newsletter is not a substitute for the advice of a health care provider and should not be relied on as such.

Letter from the Directors:

In the Spring 2005 edition of Health Link, in our Letter from the Directors, we told you about the possibility of the newsletter becoming available on line. And now, as we move toward the New Year, the possibility is becoming reality. The Early Childhood Health Link is now available on the New Jersey Department of Health and Senior Services, Division of Family Health Services (NJDHSS-FHS) home page at **http://nj.gov/health/fhs/index.html**. It will be listed on the right side of the page in one of boxes listed as "NEW". We encourage you to pass the word on to your friends, colleagues, and families of the children in your care. The information in the newsletter can now be made more widely available than in its previously printed-only format!

We are sure that you will agree that the partnership between child care providers and the families of children in your care is critical to the health and safety of the children in your program. In the spirit of partnership, a new column is being added to the coming year's Health Link editions—a special Parent's Page. See page 5 for this edition's Parent's Page. For more information to share with parents, check out the *National Resource Center's* new website entitled **Healthy Kids, Healthy Care** at **http://nrc.edu/healthykids.htm.**

This web site was designed specifically for parents and covers 34 topics from accident prevention to transportation. This month's parent page was adapted from that site. Actually, every article in this edition of Health Link is about communication and collaboration between child care providers, families, and health care providers to best meet the needs of the children.

Happy reading and happy web wandering! Our Web Wanderer will be back in the Health Link Spring edition with more useful and exciting information and resources.

RICHARD J. CODEY
Acting Governor

FRED M. JACOBS, M.D., J.D.
Commissioner

Please feel free to duplicate any part of this newsletter and share it with your colleagues and parents of children in your care.

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